



Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

FEB 14 2017

Office Use: pb
T171176 **HAND DELIVERED**

Statement of Committee Organization

jes

1. Statement Information

Date: 02/10/2017

Type: New Amended (if amending, enter MEC ID C171069 & section changed _____)

2. Committee Information

Committee to Elect Ian Mackey

Name of Committee

1014 Commodore Dr. Richmond Heights, MO 63117

(314) 279-8380

Telephone Number

Official Committee Email Address

St. Louis County Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Stephen Eisele

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

1014 Commodore Dr. Richmond Heights, MO 63117

Treasurer's Mailing Address, City, State, & Zip

(314) 279-8380

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Phone 1

Phone 2

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include sen, if candidate)

Ian Mackey 1014 Commodore Dr. Richmond Heights, MO 63117

Name & Mailing address, City, State, & Zip of Candidate

(314) 279-8380

Phone 1

Phone 2

08/07/2018

Election Date

State

Representative/Missouri

House of Representatives

Office Sought & Political Subdivision

Democrat

Political Party

Support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Stephen Eisele

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)